

AMENDMENT

# SCHEDULE A-1

## Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700  
 FPPC FORM 700 (2016/2017) Sch. A-1  
 Name: Ketel Gilbert

NAME OF BUSINESS ENTITY  
401k/Gilbert Family Trust

GENERAL DESCRIPTION OF THIS BUSINESS  
Blind investment with broker

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other Mutual funds/bonds IN TRUST  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
1/1/18  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 ACQUIRED DISPOSED 6/26/2019

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 ACQUIRED DISPOSED

Comments:

FPPC Form 700 (2016/2017) Sch. A-1

FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)

SCANNED FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 01/08/2019 03:52 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gilbert Peter S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lincoln

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☒ City of Lincoln ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is / / , through December 31, 2018.  
☐ Assuming Office: Date assumed / / and office sought, if different than Part 1:   
☐ Leaving Office: Date Left / / (Check one circle.)  
○ The period covered is January 1, 2018, through the date of leaving office.  
-or- ○ The period covered is / / , through the date of leaving office.  
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☒ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
Lincoln CA 95648-8760  
EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/08/2019 03:52 PM  
(month, day, year)

Signature Electronic Submission  
(File the originally signed paper statement with your filing official.)

SCANNED

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Peter Gilbert

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

Lincoln

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Peter Gilbert</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>City of Lincoln</u>	NAME OF SOURCE OF INCOME <u>County of Placer</u>
ADDRESS (Business Address Acceptable) <u>600 6th Street, Lincoln, Ca 95648</u>	ADDRESS (Business Address Acceptable) <u>2021 Opportunity Drive, Roseville, CA 95678</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>City Council</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Mosquito District</u>
YOUR BUSINESS POSITION <u>Councilman</u>	YOUR BUSINESS POSITION <u>Director</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____% <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ Street address City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

Comments: \_\_\_\_\_

# SCHEDULE D

## Income – Gifts

Name

Peter Gilbert

► NAME OF SOURCE (Not an Acronym)

Sutter Health

ADDRESS (Business Address Acceptable)

2200 River Plaza, Sacramento, Ca 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 18	\$ 143.86	Dinner self/wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Dignity Health

ADDRESS (Business Address Acceptable)

3400 Data Drive, Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 18	\$ 53.36	Brunch Self/wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Western Health Advantage

ADDRESS (Business Address Acceptable)

2349 Gateway Oaks, Sacramento, Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 18	\$ 53.36	Brunch Self/wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Teichert Construction Services

ADDRESS (Business Address Acceptable)

3500 American River Dr., Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 18	\$ 143.86	Dinner self/wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Easton Development Co.

ADDRESS (Business Address Acceptable)

1180 Iron Point Drive, Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Land development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 11 / 18	\$ 53.36	Brunch Self/wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Hefner Law Firm

ADDRESS (Business Address Acceptable)

2150 River Plaza Drive, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 18	\$ 392.00	Dinner Self/wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: